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Date: May 3, 2005 **Total pages:** 5 (including cover sheet)
To: USPTO **Telephone:** **Telefax:** 703-872-9306
From: Rivka D. Monheit **Telephone:** 404-879-2152 **Telefax:** 404-879-2160
Our Docket No. NPA 100 **Client/Matter No** 078374/00027
Your Docket No.

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MESSAGE:**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****Applicant:** Bernard A. Sabel and Ulrike Schroeder**Serial No:** 09/445,439 **Art Unit:** 1616**Filed:** February 23, 2000 **Examiner:** Michael G. Hartley**For:** *DRUG TARGETING SYSTEM, METHOD OF ITS PREPARATION AND ITS USE*

Attachments: Transmittal Form PTO/SB/21, Fee Transmittal PTO/SB/17, Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (PTO/SB/82); Statement Under 37 CFR 3.73(b) (PTO/SB/96).

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NPA 100
092582/00004

PTO/SB/21 (08-04)

Approved for use through 07/31/2006. OMB 0851-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/445,439	
	Filing Date	February 23, 2000	
	First Named Inventor	Bernhard A. Sabel	
	Art Unit	1616	
	Examiner Name	Michael G. Hartley	
Total Number of Pages in This Submission	4	Attorney Docket Number	NPA 100

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Pabst Patent Group LLP		
Signature	<i>Rivka D. Monheit</i>		
Printed name	Rivka D. Monheit		
Date	May 3, 2005	Reg. No.	48,731

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Carla Stone</i>		
Typed or printed name	Carla Stone	Date	May 3, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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NPA 100 / 092583/00004

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 09/445,439 Filing Date February 23, 2000 First Named Inventor Bernhard A. Sabel Examiner Name 1616 Art Unit Michael G. Hartley Attorney Docket No. NPA 100	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 0.00			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	Filing Fees	Small Entity Fee (\$)	Search Fees	Small Entity Fee (\$)	Examination Fees	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)
- 20 or HP = _____ x _____ = _____				Fee (\$)		Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____ = _____					
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other: _____							

SUBMITTED BY			
Signature <i>Rivka D. Monheit</i>	Registration No. 48,731 (Attorney/Agent)	Telephone (404) 879-2152	
Name (Print/Type) Rivka D. Monheit	Date May 3, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22315-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/82 (08-04)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/445,439
	Filing Date	February 23, 2000
	First Named Inventor	Bernhard A. Sabel
	Art Unit	1616
	Examiner Name	Michael G. Hartley
	Attorney Docket Number	NPA 100

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 23579

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 23579

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>K. R. 2</i>		
Name	KARIN BALAN		
Date	4/21/05	Telephone	+49-391-5117 235

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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PTO/SB/98 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)

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CENTRAL FAX CENTERApplicant/Patent Owner: Bernhard A. Sabel and Ulrike Schroeder

MAY 03 2005

Application No./Patent No.: 09/445,439 Filed/Issue Date: February 23, 2000Entitled: DRUG TARGETING SYSTEM, METHOD OF ITS PREPARATION AND ITS USENanoDel Technologies GmbH a corporation of Germany

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

In the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

Bernhard A. Sabel and

1. From: Ulrike Schroeder To: Medinova Medical Consulting GmbH

The document was recorded in the United States Patent and Trademark Office at
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2. From: Medinova Medical Consulting GmbH To: NanoPharm AG

The document was recorded in the United States Patent and Trademark Office at
Reel 012332, Frame 0579, or for which a copy thereof is attached.

3. From: NanoPharm AG To: NanoDel Technologies GmbH

The document was recorded in the United States Patent and Trademark Office at
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature

KARIN BALAN

Printed or Typed Name

CEO

Title

Date

4/21/05

Telephone Number

+49-391-6112335

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